

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

11 JAN 2005

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 302671WO/DJW/CFL

Box No. I TITLE OF INVENTION
COMMUNICATION CHANNEL SELECTION

Box No. II APPLICANT

This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

NOKIA CORPORATION
KEILALAHDENTIE 4
FIN-02150 ESPOO
FINLAND

Telephone No.

Faximile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

RODRIGO, Inmaculada Carrion
Kavallinpuisto
4H Espoo
Finland

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

ES

State (that is, country) of residence:

FI

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

agent

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

WILLIAMS, David John
PAGE WHITE & FARRER
54 Doughty Street
London WC1N 2LS
United Kingdom

Telephone No.
(020) 7831-7929

Faximile No.
(020) 7831-8040

Teleprinter No.

Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

POIKSELKA, Miikka
Itsehallintotie 1 C 83,
02600 Espoo
Finland

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
FIState (that is, country) of residence:
FI

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

HURTTA, Tuija
Kiskottajankuja 4 D 49, 02660
Espoo
Finland

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
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FI

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

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State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below: at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)

EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

<input checked="" type="checkbox"/> AE United Arab Emirates	<input checked="" type="checkbox"/> HR Croatia	<input checked="" type="checkbox"/> OM Oman
<input checked="" type="checkbox"/> AG Antigua and Barbuda	<input checked="" type="checkbox"/> HU Hungary	<input checked="" type="checkbox"/> PG Papua New Guinea
<input checked="" type="checkbox"/> AL Albania	<input checked="" type="checkbox"/> ID Indonesia	<input checked="" type="checkbox"/> PH Philippines
<input checked="" type="checkbox"/> AM Armenia	<input checked="" type="checkbox"/> IL Israel	<input checked="" type="checkbox"/> PL Poland
<input checked="" type="checkbox"/> AT Austria	<input checked="" type="checkbox"/> IN India	<input checked="" type="checkbox"/> PT Portugal
<input checked="" type="checkbox"/> AU Australia	<input checked="" type="checkbox"/> IS Iceland	<input checked="" type="checkbox"/> RO Romania
<input checked="" type="checkbox"/> AZ Azerbaijan	<input checked="" type="checkbox"/> JP Japan	<input checked="" type="checkbox"/> RU Russian Federation
<input checked="" type="checkbox"/> BA Bosnia and Herzegovina	<input checked="" type="checkbox"/> KE Kenya	<input checked="" type="checkbox"/> SC Seychelles
<input checked="" type="checkbox"/> BB Barbados	<input checked="" type="checkbox"/> KG Kyrgyzstan	<input checked="" type="checkbox"/> SD Sudan
<input checked="" type="checkbox"/> BG Bulgaria	<input checked="" type="checkbox"/> KP Democratic People's Republic of Korea	<input checked="" type="checkbox"/> SE Sweden
<input checked="" type="checkbox"/> BR Brazil	<input checked="" type="checkbox"/> KR Republic of Korea	<input checked="" type="checkbox"/> SG Singapore
<input checked="" type="checkbox"/> BY Belarus	<input checked="" type="checkbox"/> KZ Kazakhstan	<input checked="" type="checkbox"/> SK Slovakia
<input checked="" type="checkbox"/> BZ Belize	<input checked="" type="checkbox"/> LC Saint Lucia	<input checked="" type="checkbox"/> SL Sierra Leone
<input checked="" type="checkbox"/> CA Canada	<input checked="" type="checkbox"/> LK Sri Lanka	<input checked="" type="checkbox"/> SY Syrian Arab Republic
<input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein	<input checked="" type="checkbox"/> LR Liberia	<input checked="" type="checkbox"/> TJ Tajikistan
<input checked="" type="checkbox"/> CN China	<input checked="" type="checkbox"/> LS Lesotho	<input checked="" type="checkbox"/> TM Turkmenistan
<input checked="" type="checkbox"/> CO Colombia	<input checked="" type="checkbox"/> LT Lithuania	<input checked="" type="checkbox"/> TN Tunisia
<input checked="" type="checkbox"/> CR Costa Rica	<input checked="" type="checkbox"/> LU Luxembourg	<input checked="" type="checkbox"/> TR Turkey
<input checked="" type="checkbox"/> CU Cuba	<input checked="" type="checkbox"/> LV Latvia	<input checked="" type="checkbox"/> TT Trinidad and Tobago
<input checked="" type="checkbox"/> CZ Czech Republic	<input checked="" type="checkbox"/> MA Morocco	<input checked="" type="checkbox"/> TZ United Republic of Tanzania
<input checked="" type="checkbox"/> DE Germany	<input checked="" type="checkbox"/> MD Republic of Moldova	<input checked="" type="checkbox"/> UA Ukraine
<input checked="" type="checkbox"/> DK Denmark	<input checked="" type="checkbox"/> MG Madagascar	<input checked="" type="checkbox"/> UG Uganda
<input checked="" type="checkbox"/> DM Dominica	<input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia	<input checked="" type="checkbox"/> US United States of America
<input checked="" type="checkbox"/> DZ Algeria	<input checked="" type="checkbox"/> MN Mongolia	<input checked="" type="checkbox"/> UZ Uzbekistan
<input checked="" type="checkbox"/> EC Ecuador	<input checked="" type="checkbox"/> MW Malawi	<input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines
<input checked="" type="checkbox"/> EE Estonia	<input checked="" type="checkbox"/> MX Mexico	<input checked="" type="checkbox"/> VN Viet Nam
<input checked="" type="checkbox"/> ES Spain	<input checked="" type="checkbox"/> MZ Mozambique	<input checked="" type="checkbox"/> YU Serbia and Montenegro
<input checked="" type="checkbox"/> FI Finland	<input checked="" type="checkbox"/> NI Nicaragua	<input checked="" type="checkbox"/> ZA South Africa
<input checked="" type="checkbox"/> GB United Kingdom	<input checked="" type="checkbox"/> NO Norway	<input checked="" type="checkbox"/> ZM Zambia
<input checked="" type="checkbox"/> GD Grenada	<input checked="" type="checkbox"/> NZ New Zealand	<input checked="" type="checkbox"/> ZW Zimbabwe
<input checked="" type="checkbox"/> GE Georgia		
<input checked="" type="checkbox"/> GH Ghana		
<input checked="" type="checkbox"/> GM Gambia		

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

1. *If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:*
 - (i) *if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;*
 - (ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;*
 - (iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;*
 - (iv) *if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;*
 - (v) *if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;*
 - (vi) *if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.*
2. *If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.*

Continuation of Box IV

JENKINS, PETER DAVID (GB)
 DRIVER, VIRGINIA ROZANNE (GB)
 DANIELS, JEFFREY NICHOLAS (GB)
 STYLE, KELDA CAMILLA KAREN (GB)
 SHACKLETON, NICOLA (GB)
 SLINGSBY, PHILIP ROY (GB)
 HILL, CHRISTOPHER MICHAEL (GB)
 RUUSKANEN, JUHA-PEKKA (FI)
 WILLIAMS, DAVID JOHN (GB)
 EVANS, MARC NIGEL (GB)
 EVENSON, JANE HARRIET (GB)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application: regional Office	international application: receiving Office
item (1) 12/07/2002	0216278.2	GB		
item (2) 15/01/2003	0300917.2	GB		
item (3)				
item (4)				
item (5)				

 Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

all items item (1) item (2) item (3) item (4) item (5) other, see
Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / ~~GB~~ 20

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of declarations

<input type="checkbox"/> Box No. VIII (i)	Declaration as to the identity of the inventor
<input type="checkbox"/> Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent
<input type="checkbox"/> Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application
<input type="checkbox"/> Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America)
<input type="checkbox"/> Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:		Number of items
(a) in paper form, the following number of sheets:		
request (including declaration sheets)	6	
description (excluding sequence listings and/or tables related thereto)	17	
claims	9	
abstract	1	
drawings	3	
Sub-total number of sheets	36	
sequence listings		
tables related thereto		
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)		
Total number of sheets	36	
(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))		
(i) <input type="checkbox"/> sequence listings		
(ii) <input type="checkbox"/> tables related thereto		
(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))		
(i) <input type="checkbox"/> sequence listings		
(ii) <input type="checkbox"/> tables related thereto		
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the		
<input type="checkbox"/> sequence listings:		
<input type="checkbox"/> tables related thereto:		
(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)		
This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):		
1. <input type="checkbox"/> fee calculation sheet		
2. <input type="checkbox"/> original separate power of attorney		
3. <input checked="" type="checkbox"/> original general power of attorney		
4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:		
5. <input type="checkbox"/> statement explaining lack of signature		
6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):		
7. <input type="checkbox"/> translation of international application into (language):		
8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material		
9. <input type="checkbox"/> sequence listings in computer readable form (indicate type and number of carriers)		
(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)		
(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter		
(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column		
10. <input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers)		
(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quoter) only (and not as part of the international application)		
(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quoter)		
(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column		
11. <input type="checkbox"/> other (specify):		

Figure of the drawings which should accompany the abstract: **Figure 3** Language of filing of the international application: **ENGLISH**

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

David John Williams.....(Authorised Representative)

For receiving Office use only	
1. Date of actual receipt of the purported international application:	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 31(2):	
5. International Searching Authority (if two or more are competent): ISA /	
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	
For International Bureau use only	
2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:	

Date of receipt of the record copy by the International Bureau: